

INDIANA DEPARTMENT OF TRANSPORTATION

WEEKLY DBE
TRUCKING REPORT B

Name of Firm: _____ Address: _____

INDOT Contract No.: _____

Name of General Contractor: _____

Name of Contractor With Whom You Have Your Trucking Agreement: _____

DAY OF THE WEEK	DATE	NUMBER OF TRUCKS OWNED	NUMBER OF DBE SUPPLEMENTAL TRUCKS	NUMBER OF NON-DBE SUPPLEMENTAL TRUCKS	NUMBER OF TRUCKS ELIGIBLE FOR BROKERAGE/ COMMISSION CREDIT ONLY
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL:					

I AFFIRM, UNDER PENALTIES OF PERJURY, that the above information is true and correct to the best of my knowledge, information and belief.

Authorized Signature: _____, _____

Title

Printed Name

Date

To be submitted weekly by Contractor to PE/PS. PE/PS to submit to EEO Officer. EEO Officer submit to CO